

Children in Urban Areas during the Ebola Crisis April 2015



Urban Learning Report
Save the Children Sierra Leone

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Executive Summary

Global urbanisation rates are at the highest that they have ever been, with over half the world's population - and almost half of the world's children - now living in towns or cities (UNICEF, 2012). In Africa, 6 out of 10 urban dwellers live in slum settings, without access to basic infrastructure and services such as water, electricity or health care. Governments, civil societies and NGOs are currently unable to provide adequate support to the hundreds of millions of children living in urban areas. With children making up half the urban slum population, it is important that we try to better understand how the children are affected and the risks that they now face.

Save the Children is now undertaking research studies in different urban contexts to better understand this changing context, and look at ways we can adapt our programming approaches to better meet the needs of children living in urban areas.

The Ebola outbreak in West Africa has drawn attention to the urban context of this crisis, as it is the first time that the Ebola virus has swept into densely populated urban areas. The urban environment is reported to have contributed to the spread of the disease, due to the nature of the inner-city slum areas with high population density and a lack of basic services. With almost half the population being children, and an urban growth rate of almost twice the global average, we were interested to better understand how children in the urban setting have been affected by Ebola. The Children's Ebola Recovery Assessment found that children in Freetown had different experiences and concerns regarding how Ebola had affected them and their families compared to children from rural areas, reporting higher rates of violence, abuse and child labour. There were also anecdotal reports that there were greatly increased rates of transactional sex and teenage pregnancy, which we were keen to explore in more detail.

Through focus group discussions with youths from slum communities in Freetown, facilitated by youth researchers, we explored the changes children had experienced comparing today with life before Ebola. Finding that many children were engaged in child labour we also explored the types of work they did, how they found the work and the risks and challenges they faced as a consequence of child labour.

Regarding changes in their lives from before Ebola to now, the issues most greatly affecting the children were around the restricted trading hours, recognising both the social and financial impacts of the markets being closed. Many children referenced the restrictions in social mobility and cultural activities, bringing a more depressed air to the city as people are more stressed, restricted and less able to enjoy life as they had before. This depressed air extended into households, with children reporting that their parents are more stressed due to lack of work and money, which in turn is having a negative emotional effect on the household, with many feeling sad and lonely. Furthermore a few children that participated reported having lost family members to Ebola.

Child labour was reported amongst most children that participated in the study, with almost all children over 15 years of age reporting to work. Most children said that the opportunity to work only came about since the start of the Ebola crisis mainly due to the closure of schools, with few having worked before the crisis. Typically girls sold items in the market, often encouraged and supported by their families, to whom they paid their earnings. Boys however were more independent and in some cases entrepreneurial in their work, seeking out opportunities themselves or through friends in a range of manual labour jobs or commercial activity, normally keeping their earnings themselves.

Children typically started to work to support their families after their parents lost their jobs or income as a result of trading and travel restrictions imposed by the government to control Ebola, either under encouragement of other family members or on their own initiative. A few children also reported that they lost family members to Ebola and therefore had to work to support their families.

Whilst some children said that they felt proud to be able to earn money, to support their families or to buy things for themselves, many also said that the work they undertook put them at risk. Girls reported being harassed in the market place, with an increased risk of transactional sex as a way to shift all their stock. They also were worried about the risk of rape by people they did not know. Teenage pregnancy was a great concern for many girls, especially since their access to family planning services had been disrupted by the Ebola crisis. Boys on the other hand reported more physical risks and danger from the manual labour they undertook.

Children also voiced concerns about not being able to spend as much time with friends and family or able to study because they were out working or too tired from working. Most children said that they planned to return to school when the school reopened, saying that they would continue to work around their school hours. Some children were not sure whether they could return to school, as their families had become dependent on their income or they did not have anyone to pay for their schooling.

Recognising how children are at greater risk of abuse, exploitation and child labour in the urban context, a number of programmatic recommendations have been made to address these issues:

- Explore in more detail the why some children are not returning to school and develop programmes and advocacy messaging to encourage them to pursue their education, engaging with parents, caregivers and children themselves
- Engage with community leaders, business owners and parents to raise awareness of the risks facing children through labour
- Greater community sensitisation around the risks of child abuse, beating and sexual exploitation, engaging with both sexes, community leaders and law enforcers to raise awareness of the risk and consequences for children
- Encourage collaboration between the government and aid community to address the economic challenges and market recovery of the country and support families recover their livelihoods and protect children from labour

Recognising the importance of understanding the urban context, we will endeavour to explore the issues affecting urban children and advocate for more targeted and relevant programming to meet the needs specific to the urban context.

Introduction

This research paper explores how children in the urban context have been affected by Ebola, as part of the Urban Learning Project. The Urban Learning Project was started before the Ebola crisis and set out to better understand and define the urbanisation issues facing vulnerable children in Freetown, through situational analysis and innovative research to better inform the SC Sierra Leone Strategy 2016-18 and on which to base the urban section of the Advocacy strategy and Country Strategic Plan so that our implementation is informed by urban evidence. However with the start of the Ebola crisis, this changed not only the urban context but also programmatic priorities for the Save the Children Sierra Leone Country Office. Whilst the original Urban Learning Project set out to better understand the different issues and risks affecting children in the urban areas, this research seeks to identify the ways that children in the urban context have been affected by the Ebola crisis.

Based on related literature, this paper will first present some key issues around urbanisation in Sierra Leone, and then the emergence of Ebola in Freetown and related risks to children. It will then explain the grounding of the research in the Urban Learning Project and findings of the Children's Ebola Recovery Assessment, present the methodology and then move onto presenting the findings. Finally the discussion will explore how this research fits in the current literature and pose recommendations for future programming.

Urbanisation in Sierra Leone

Following the urbanisation trends across West Africa, Sierra Leone has also experienced a surge in its urban populations over the last few decades. During the 11 year civil war, Freetown became host to thousands of internally displaced people (IDPs) who had fled from war-struck areas; following the war, these IDPs remained in urban areas, stretching local resources to cater for the increased population. This rapid urbanisation led to urban sprawl and the growth of inner-city informal settlements, areas, which lack basic infrastructure and services, such as roads, electricity, water, refuse management, schools or health servicesⁱ. Ongoing neglect of rural development continues to bolster urbanisation, with Sierra Leone having an urban growth rate of 3.7% pre-Ebolaⁱⁱ, almost twice the global rate. The population of Freetown is expected to double in the next 15 years (not taking into account the demographic fluctuations created by the Ebola epidemic).



Figure 1: View across Susan's Bay, Freetown

Looking at children in the urban environment, there are great disparities in children's health, developmental and survival outcomesⁱⁱⁱ; in a high poverty inner-city context such as the urban slum areas of Freetown, one can expect that the outcomes for children are unacceptably poor. Recognising that approximately 48% of the population of Sierra Leone is under 18 years of age^{iv}, there will be a marked increase in vulnerable children and youths living in urban areas in the years to come.

Another consequence of the rapid urbanisation of Freetown is the expansion of the informal sector^v. A large proportion of households are reliant on income from petty trading and market activities, particularly of imported goods and agricultural products. This is a particularly common income-generating activity among women, and it is also common for them to informally employ other household members – particularly children – to support with their trading activities. The Ebola epidemic has had severe economic effects right down to the household level, with rising inflation, limited trading hours and access to markets. This has resulted in increased household and market costs as well as rising unemployment, and is expected to have severe consequences on the rates of child labour in urban areas.

Ebola in Freetown

Described as the 'most severe acute public health emergency in modern times'^{vi}, the Ebola crisis has changed the social, economic and cultural landscape of the affected countries, Guinea, Liberia and Sierra Leone. The concerns that the Ebola virus would spread to the large urban centres have now been realised, and with catastrophic effect. The rapid urbanisation of Freetown, among other socioeconomic factors^{vii}, "provides fertile ground for human to human transmission on a large scale^{viii}". Although the epidemic has spread widely, impacting urban areas greatly, through intensive and collective action of Government and partners, it has not reached the numbers that were initially predicted.

Freetown, the capital of Sierra Leone, has been a notorious hotspot for the Ebola epidemic. The first case of Ebola was reported in Freetown on 11th July 2014, less than two months after the first case was detected in the west part of the country, having come from Guinea^{ix}. During the following months the disease spread rapidly through the urban areas mainly due to "the influx of victims seeking treatment^x", reaching over 2000 cases and over 600 deaths by the end of January 2015 in the Freetown area alone.

One of the unique factors about this Ebola epidemic is that it reached urban areas where the disease spread with significant effect. People in the urban areas have been adversely affected due to the close proximity in which people live.

Table I crudely illustrates how the Freetown population have been proportionally more greatly affected by Ebola with a greater than average number of people contracting Ebola.



Figure 2: Ebola Task Force community sensitisation messages

Table 1: Ebola cases and deaths in Western Urban Area compared to national totals^{xi}

	Population	Confirmed Ebola Cases	Confirmed Ebola Deaths
Western Urban Area	1,065,869	2259	804
Total of Sierra Leone	6,500,710	8623	3546
% Total	16.4%	26.2%	22.7%

For each of the confirmed Ebola cases, there is a family and community that would have been put under quarantine, resulting in loss of income and the social challenges of being restricted to their community for a minimum of 21 days. Furthermore, families would experience the loss of a loved one, possibly a breadwinner, putting both emotional and financial strain on the family network. The Ministry of Social Welfare, Gender and Children’s Affairs recently conducted a nationwide verification exercise of all children that had been identified as ‘children affected by Ebola’, which included child survivors, single and double orphans, and children that have lost their primary caregivers or significant numbers of household members. The verified estimate indicates a national total of more than 11,000 children, and a total for Freetown of more than 1,500 children. The report however, is still under review and has not yet been officially published.

A recent report from Street Child shares that a number of orphans in the urban area are being exposed to commercial sex work, crime and gang activity, and many are

having to work to help cover family costs^{xii}. A UNDP report echoes this with concerns over increases in child labour, with those orphaned by Ebola at greatest risk^{viii}. A Save the Children report on the use of mobile phones use among adolescent girls showed that even before the Ebola crisis, it was common practice for families to send girls out to “find money, in whichever way possible”^{xiii}, and such exploitation is expected to have increased as households come under greater financial pressure.

Urban Learning Research Question

The aim of the research was to capture how the lives of children living in the urban slum areas of Freetown have changed as a consequence of Ebola, focusing specifically on child labour.

Research question:

- How have children’s lives changed from this time last year (day timeline tool)?
- Are children working more than they were before Ebola?
- What type of work are they doing; how is it different to the work they did before?
- Are they at more risk of abuse, violence or exploitation as a consequence of Ebola? How are they are more risk?

These issues were identified from the findings of the Children’s Ebola Recovery Assessment (CERA), conducted in March 2015^{xiv}. The CERA was conducted in nine districts across Sierra Leone, through focus group discussions, asking children what their greatest challenges were with regards to Ebola. The findings from the Western Urban Area (Freetown) showed that children have greater concerns around child labour, child abuse and violence against children than those in rural areas. When asked to rank their top three challenges, children from Freetown slums, four FGD groups (out of 12) ranked child beating as one of their top three concerns, six FGD groups ranked teenage pregnancy as a top three concern, and three FGD groups ranked child labour as a top three concern. These issues were primarily raised by girls.

Table 2: Findings from the Children's Ebola Recovery Assessment: Top priority issues identified in Freetown and nationally

Issue	# FGDs ranked issues as top 3 concern in Freetown (out of 12)	% of FGDs ranked issue as top 3 concern in Freetown (out of 12)	% of FGDs ranked issue as top 3 concern across all nine districts (out of 118 FGDs)
Child beating	4	33%	4%
Teenage pregnancy	6	50%	14%
Children labour	3	25%	14%
Access to food	0	0	25%

Access to healthcare	2	17%	28%
Access to money or livelihood	0	0	21%

The above table demonstrates how the issues of child beating, child labour and teenage pregnancy featured as being of significantly greater concern in Freetown focus group discussions compared to all FGDs across the country. It also demonstrates that, against the main issues of concern raised across all the FGDs, access to food, healthcare or livelihoods rarely featured as a top three concern for children in urban areas compared to those in rural areas.

Although issues around child labour and violence also featured in the FGDs conducted in other districts, the urban children cited these issues in their top three concerns, whilst in rural districts, they featured less often as the most important issues affecting the children. Equally in rural areas, children cited access to basic needs such as food, water and healthcare as primary concerns, which were of less concern for children in urban areas. It was reported however that the levels and frequency of violence against children and child labour were higher in urban areas both before Ebola and more so now exacerbated as a consequence of Ebola.

Recognising these differences, Save the Children were interested to explore in more detail how children in urban areas have been affected by Ebola, and how their lives are different now than before the Ebola crisis. The findings from the CERA, as well as anecdotal reports and observations, suggest that there are greater levels of child labour and violence against children, which are contributing to teenage pregnancy and other risks for children. As child abuse and sexual violence are sensitive issues, it would be difficult to ask children to talk about these issues as a primary topic without first building a rapport. Recognising that many of these risks to children arise around them not being in school and having to work to support their families, the main research question would focus on child labour issues, with secondary questions to explore the risks that children face as a consequence of working. Youth researchers confirmed that this would be an appropriate way to explore these issues with youths.

Previous researches by Save the Children have been conducted through trained youth researchers, who act as data collectors and validators for qualitative social research. These researchers were again approached to carry out this research, as the peer research approach was successful in extracting data from adolescent informants in the past, and because the researchers were trained in the methodology. Additionally it was a topic that the youth researchers were interested in discussing with other youths from their communities.

Methodology

Due to the nature of the research question, a qualitative approach was deemed most appropriate to explore these topics. Due to available resources and context, youth-led focus group discussions were deemed the most appropriate methodology to use for this study.



Focus group discussions (FGDs) were conducted with adolescents aged 10 – 18 in the slum communities of Freetown: Mabella, Susan's Bay, Kroo Bay and Aberdeen in April 2015. These communities were purposively selected by the youth researchers as being of most interest due to the labour that they have seen other adolescents participating in in those communities. The age groups were set as such because children under 10 typically do not work and are less easy to engage in focus group discussions. The FGDs were conducted by youth researchers, who had been trained and worked on previous child-focused research and assessments with Save the Children.

The youth researchers participated in a one day discussion and training to draw up the topic guide and practise using the tool together. Following a discussion with youth researchers about the topic of interest, a common topic guide was developed with the youth researchers for them to follow during the FGDs. Additionally a "Life Before and Life Now" tool was developed and piloted in this activity. The "Life Before and Life Now" tool was designed ask children how their daily life has changed between a year ago and now (May 2015). This tool was used to open up a discussion on how life is different for all children, before using the topic guide to explore the issue of child labour in more detail with those who said that they are working. See Annexe for details.

Community mobilisers identified children to participate in the FGD the day before the FGDs using random selection. The discussions were arranged at suitable times and locations for the children. Since the FGDs were taking place the week that schools were reopening, the teams were careful not to request the participation of children who would otherwise be in school. Discussion groups were divided by age (10-14 and 15-18 years of age) and sex (boys and girls separate); each FGD had between 5-9 children (average 7). Each FGD had one facilitator and two note-takers. The assessment teams were all youth researchers (bar one male adult note-taker from Children's Advocacy Network), three females for the girls FGDs and three males for the boys FGDs.

Before starting the FGDs, all children signed a consent form confirming that they understood what the research entailed and were happy to participate. FGDs were conducted in Krio, with notes taken in English using specific data collection note forms. If during the FGDs, children were identified as being particularly vulnerable, the research team would take down their details and refer them for support with the Freetown Child Protection team (during the FGDs, five children were referred for specific Child Protection support, mainly Ebola orphans).

The completed data collection note forms were given to the Project Manager to write up and analyse. A thematic analysis approach was used, with key themes being identified both inductively (identifying themes featuring most frequently) and deductively (identifying themes according to the themes mapped out in the topic guide). Due to time constraints audio recordings and transcriptions of the FGDs was not possible.

Study Limitations

The group nature of the discussions enabled for a semi-structured of conversation on pre-agreed topics. However it did not give much scope for capturing issues outside of these issues, or for informants to share their own specific stories. Had there been more time available, it would have been good to follow up with case study interviews with a few specific adolescent informants.

The “Life Before and Life Now” tool worked well to capture the general differences between before Ebola and now, however it did not work as planned in capturing the specific flow of how and why these changes came about. This was mainly due to the facilitators’ lack of practice in using the tool and therefore the discussion remained general rather than specific.

Without recording and transcribing the interviews, it was difficult to capture clear quotes or details of the focus group discussions. Many of the notes taken were of generalised statements rather than specific quotes, which takes away some of the detail of the data.

Furthermore the research was conducted during the days leading up to and after schools officially reopened. Whilst it made it easier to identify informants before schools reopened, we could not capture whether or not the children would in fact return to school. Equally the consultations in Aberdeen were conducted the day that schools reopened and it was difficult to find children to participate in the discussion as many had returned to school already, hence the data is lacking from that community. However given the timing of the data collection, it is likely that the situation for many of these children changes shortly after, putting a time restraint on the relevance of this research data.



Figure 3: Youth facilitator in a focus group discussion with boys in Freetown

Findings

Although this research was conducted in four different slum communities in Freetown, there was little variation between them.

Changes in life from before Ebola to now

When asked how life is different from before Ebola to now, children described a wide range of ways that life has changed socially and culturally. The main themes are consolidated in Table 2, describing Life Before Ebola, Life Now, what caused the change and the impact of the change. The different focus groups discussed a wide range of issues, with similar concerns raised between areas, sex and age group. Whilst many issues raised would also be similar for children in rural areas, some issues were more pronounced in the urban context. For example, in Freetown, the markets would typically be operating 24/7 – which is less common in rural areas; now with the restriction of market hours from 6am – 6pm, children are noticing not only the social impact of the markets being closed but also the financial impact it is having on families that were reliant on the longer trading hours:

“The Ebola crisis has affected the way people trade; the people that hoped to have [bigger trading opportunities] have not been able to grow their businesses” – girl, 10-14, Kroo Bay

The limitation in social mobility and trade seems to have had a profound impact in urban areas, where social interaction has been more closely policed than in rural areas. All focus groups spoke about the impact of travel restrictions and curtailment of social activities, and the cancellation of cultural celebrations and festivals. Children reported there being a more depressed air in the city as people are not able to enjoy being together like they had before: *“Life was so sweet before; but not now”* (girl, Aberdeen). Many children described how people do not visit each other, share food or spend time together like before; they also spoke about how people in the community have become more suspicious and less trusting of one another, exacerbated by the close proximity in which people live in the urban areas. Children also spoke about the changes in how people look after each other, that now each sick person is treated as a suspected Ebola patient, that people no longer care for their sick, that people are not buried with the respect that they should have, due to the Ebola context.

Changes in the home

Children in the focus groups were asked about how the Ebola crisis has affected how they interact with their families at home, as violence against children featured strongly in the CERA findings. Although few children spoke explicitly about being beaten or abused at home, many spoke about how there was a more depressed tone in the household now:

“My relationships with my family have changed. We do not sit together as much as before. It has totally changed.” – boys, 15-18, Mabella

“I feel lonely and afraid because of the way my parents are now, they are now jobless and stressed because they have lost their jobs because of Ebola”- girls, 15-18, Kroo Bay

Many children spoke about how their families do not interact together like they used to. Many children referenced the change from before in social mobility, saying that there were fewer visitors and less interaction generally, which made them feel lonely and sad. Others described how their parents are now unemployed and very worried about their financial situation:

“My parents are now jobless because of Ebola, and now they are not happy, so they are frowning and sad. Their attitudes have changed from good to bad, we talk less and we have less fun and less love in the family than before” – girls, 15-18, Kroo Bay

A few children also reported having lost family members to Ebola, and how their families are grieving these losses:



"Life is different now because my mother is dead from Ebola; everyone in my family is now sad and life is very different. I do not feel good about the change" – girl, 10-14, Kroo Bay

Table 3: Life Before and Life Now

Theme	Life Before	Life Now	Why different	Impacts of change
Social Mobility	Free movement of people, celebration of holidays, sharing food; playing football; going to the cinema	Restrictions on movement; 6pm curfew; quarantine households; lockdown; no holiday celebrations; no social gatherings or outings	Travel restrictions imposed by government and chiefdoms due to Ebola	Unable to visit family; feeling sad and isolated; people do not share with each other like before
Trade and business	Free market trade day and night	Market trading hours limited to 6am – 6pm; families cannot trade like before and have less money; streets are deserted at night	Market trading hours limited to 6am – 6pm to reduce Ebola transmission	Families have less money due to limited trade; less food in the house; parents less happy and more violent towards children.
Culture	Handshaking, physical contact, traditional burials	No handshaking, no body contact, ban of traditional burials	Body contact and burial protocols to prevent the spread of Ebola	Change in culture; people are less friendly; feeling sad; less respect for traditional culture and customs (burials especially)

Healthcare	Sick people were looked after by family, or taken to hospital where the doctors would look after them	All illness is treated like suspected Ebola; people avoid hospitals if they are sick for fear of catching Ebola	Many people have died of Ebola, and people are scared of all sickness, and scared to go to hospital	Sad not to be able to take care of family members when they are sick; fear of sick people; fear of hospitals; more suffering from regular illness; less respect for dead bodies
Education	Attend school each day	School closed for many months	School closed nationally due to Ebola	Children have to work to keep busy; children forgetting what they learned before; increase in children dropping out from school; more sexual harassment of girls because they are not in school
Ebola	No Ebola	Many children lost family members to Ebola; many families lose breadwinner	Ebola has killed many people	Children are sad because of lost family members; more family tension due to grieving and loss of income

Some children however said that there was no change in their families and that they still feel happy and loved in their families, although all children did report financial struggles as a consequence of the Ebola crisis.

Child labour

Approximately two thirds of the children that participated in this research said that they now work to support their families. Child labour was most commonly reported amongst the older children (15-18 year olds), and also more common among girls than boys. Almost all of them said that they had only started working since Ebola arrived in Freetown. Of the few that worked before Ebola came, they had only worked part-time but now described working full-time.

Nature of child labour

The children described mainly being involved in manual labour or market trading. Typically girls described selling items in the market, such as fish, cooked food, cake, wood, clothes and other items. Boys described a wider range of income activities, from manual labour – such as sand mining in the bay, carrying loads in the market, breaking stones, offloading boats, fetching water, building construction -, to market trading – such as phone top-up cards, groundnut, ice-cream, fish -, and other more formal employment jobs such as market street-sweeping, tailoring, dish-washing, and laundering. One boy in Mabella reported to steal to earn a living, from houses, shops and picking pockets. Another from Kroo Bay said that he scavenges for scrap metal in the bay when the tide is out which he sells.

Almost all the youths in the older group, aged 15-18, said that they now worked. Work was less common among the younger youths, aged 10-14, although some said they now worked since Ebola came and the schools closed. Most children said that the opportunity for working only came around since Ebola came:

“All work came about because of Ebola” (boys, 15-18 from Mabella).

“Before Ebola came, in the morning I would normally go to school, but now I now have to wake at 3am to help my mother in the market place” – girls, 10-14, Mabella

"We do not want to sell and even most of our parents do not want us to sell but due to the Ebola we have to" - girls, 15-18, Susan's Bay

Some said that most jobs had existed before Ebola came, but it was *“not normal for children to do this work”* (boys aged 10-14, Susan's Bay). Children also said that they were only working because the schools are closed:

“My parents would not normally allow me to work if school was open like normal” – girl, 10-14, Mabella

A few children said that some jobs had come about as a direct consequence of Ebola, such as the increased need in fetching water, selling of soap and hand sanitiser and the job of sweeping the market areas – they said these jobs came about from efforts to improve household and community hygiene and sanitisation.

A girl who said she had been working before the Ebola crisis also reported that:

“Even before Ebola came, we were encouraged to sell, but not as seriously as we do now” - girl, 15-18, Susan’s Bay

Another girl described how the nature of her work had changed since the start of the Ebola crisis:

“I used to help my mother to sell fish, cake and banana bread. But since Ebola came, there was no business so we stopped selling those things and now sell wood” – girls aged 10-14, Kroo Bay

Starting work

Most of the children consulted were new to working, and most said that they had found or started work at the suggestion of their parents or other family members. Typically girls started work at the suggestion of their parents who might also support and help set them up to sell items in the market:

“My parents gave me the capital to start selling; they helped me to start trading and choose the type of thing to sell” – girls, 15-18, Susan’s Bay

“I started by watching my parents and seeing how they do it” – girls, 10-14, Kroo Bay

Boys however more commonly reported either starting work at the suggestion of a friend or on their own initiative rather than the suggestion of their parents:

“I took the decision myself because my parents do not have enough money to take care of me” – boys, 10-14, Kroo Bay

“My mother suggested I collect water. I was idle and decided to start street sweeping and collecting water” – boys, 10-14, Susan’s Bay

There were also more boys reporting entrepreneurial ventures, where they took the money they earned from a manual labour job and invested it in stock to sell in the market, giving them freedom to work independently. For example, one boy – aged 10-14 - from Susan’s Bay started street sweeping, and then used the money he earned to become a trader of plastic bags. Another boy from Mabella reported:

“The money that I saved in my previous work (as a labourer) I used to sell mobile top-up” boy 15-18, Mabella.

In contrast, girls were typically instructed by the parents about which industry they would work in or what items they would sell in the market.

Motivation for working and earning money

Almost all children said that they had to work either to support their families or to cover their own living costs because their families could not. Many children spoke about their parents having lost their jobs, and therefore were less able to provide for them:

“My parents told me I had to work because they did not have enough to support me after they lost their jobs” – girl, 10-14, Mabella

“Before Ebola, my parents gave me everything I needed, but now they do not have enough to take care of me, so I have to work and look after myself” – girl, 10-14, Mabella

For those whose parents had lost their jobs, they said explicitly that their parents had lost their income source as a direct result of the Ebola crisis, with many reliant on trade which was now limited due to state-imposed travel restrictions and limited trading hours. Furthermore since many families are experiencing financial difficulties as a result of the Ebola crisis, people are unable to sell as much as they could before.

Since Ebola affected many of the Freetown slum areas, there were also children who reported having lost family members to Ebola and having to find work to support themselves or their families:

“I lost my care-giver who supported my education so I had to go find work” – boys, 15-18, Mabella

Although all working children described taking up work because their families could not support them, there were differences between boys and girls regarding why they worked.

Typically girls reported working for their families, often mothers or aunts. They reported that the money they earned they gave straight to their parents, that they did not receive any money themselves for their work but that their parents would look after them with their earnings:

“Most of the girls work for their parents and therefore do not get paid for their work, but their parents would pay for them” – girls, 10-14, Mabella

“I work for my parents and they do not give me money, but it contributes towards the family so I benefit from it” – girls, 15-18, Kroo Bay

Most boys however reported keeping the money they earned and spending it themselves on their basic needs, such as food, clothing and school materials. Boys seemed to be more independent and appreciated the independence that earning money gave them, with many reporting:

“It makes me feel proud more so when I don't have to ask anybody to buy my basic items” - boys, 15-18, Mabella

When asked what they spend their money on, boys often said they bought items for themselves, such as food, clothing and phone credit. Girls however more often said that they bought items for their family or siblings, or gave all the money to their parents so did not spend the money themselves. A few children said that they give money to their parents to cover the costs of their school materials.

Whilst there are a number of concerns around the impact and nature of child labour, some children reported feeling good about the work they did. Since they mainly worked for their family, girls reported feeling good when they could bring money home:

“Because the more that we sell, the more can be spent on us. I feel good when I make a big profit. I am happy to have money to buy things that I need.” – girls, 15-18, Susan's Bay

“After I finish selling, my mother will bless me, which makes me feel good about selling, and then there will be enough money in the house to buy the things we need” - girl, 10-14, Kroo Bay

Some of the girls who sell in the market also said that they were pleased when they are successful at selling as it protects them from having to sell sex, which many girls reported was common:

“If I sell well in the market I do not have to sleep with men just to earn money.”– girls, 15-18, Kroo Bay

Boys also spoke about feeling confident when they have their own money, and they are no longer reliant on their families to provide for them. Others also said that earning money keeps them out of trouble:

“[having money] will stop me from making me join my bad friends, makes me more independent”

“I do not have to steal from others (when I have my own money)” – boys, 15-18, Kroo Bay

There are however some concerns around children having their own money. A few older boys said that they were now so comfortable having money that they might not return to school again; one older boy also said that having money meant that he was able to have more casual sex as the money attracted girls.

All the children said that costs of basic daily and household items have increased since the start of the Ebola crisis, especially the cost of food, water, and household items like soap:

“The money is never enough to meet our needs; everything in the market is now much more expensive than before Ebola” – girls, 10-14, Mabella

All children also reported that the money they earn is less than what they would have earned before Ebola. Those who were working before said that the money they earn now is less; whilst those who were not working before say that they now have to work because their parents cannot earn enough.

“The money is less now than before Ebola because we do not have enough to sell and therefore not enough money” – girl, 10-14, Kroo Bay

One boy described a scenario that other children said was similar to what many others had experienced:

“I was earning more before Ebola, working for an Indian businessman, but he sacked everyone when Ebola came, so I had to find another job, and this one does not pay so much” – boy, 15-18, Kroo Bay

Risks of child labour

The risks encountered through work generated much discussion in all the focus groups. A common challenge for both boys and girls had to share some of their earnings with others in the community. All those working in the market acknowledged having to pay a community tax to operate in the market, which was understood. However some of the boys spoke about having to pay a kind of fixer-fee to the person that introduced them to the work. Whilst this is common practice, children who had not worked before found it frustrating to part with their money.

“I do not feel very good when I have to share my money and sometimes I do not have any money to take home” – girls, 15-18, Susan’s Bay

Children were concerned about not being able to bring enough money home. For girls in particular, there was a great pressure to sell all the items that they were given to sell, with many saying they would be scolded, beaten or sent back out to find money if they did not sell all that they were expected to:

“If any of the money is missing, they [parents] will shout at me” – girl, 10-14, Mabella

The girls in particular felt a great pressure to sell all their items and said that this put them at risk of abuse. All the girl focus groups described how sometimes men offer to buy all the items a girl is selling if she has sex with him. The girls described this as being a difficult decision as on the one hand they want to sell all their items and take

home the maximum money that they can, and on the other they do not want to have sex for money but sometimes business is slow. Girls in Susan's Bay spoke about having "to play with the boys to encourage them to buy items" but said that there was a fine line between flirtation and selling sex.

"There are bad things about selling... we worry about getting raped and abused... we are also scared to be beaten by our parents for not being able to sell all our market goods as they expected... I am also scared of being forced to sell my body in order to sell the market goods given to me by my parents" girls, 15-18, Kroo Bay

Whilst girls who do this would not count themselves as sex workers, some girls said that it was a slippery slope to becoming a sex worker. Girl informants said that since Ebola came, many more girls their age are selling sex for money or food, although none in the groups said that they were sex workers. They said that others were becoming pregnant through selling items in the market and being taken advantage of.

Many girls, including the younger ones, spoke about their fear of being raped whilst working, as they have to move around residential areas far from where they stay in order to sell their wares and were at more risk of being attacked by people they did not know. All of them could relay stories from their community of this happening to other girls.

"I am afraid of being raped by men because normally I move between houses by myself" – girl, 10-14, Mabella

On the topic of teenage pregnancy, many girls said that this was a concern for many, especially given that the rate of girls engaging in transactional sex and as sex workers has increased as a consequence of the Ebola crisis. Furthermore the girls group from Kroo Bay said explicitly that any teenage girl who had been under quarantine would end up pregnant due to the heightened risk of abuse, from their families, neighbours or officials in the community.

Both boys and girls also reported being harassed by others at work, such as other market people, city council officers and the police who might try to extort money from them. A number of children relayed stories of being wrongly accused of stealing or fined in the market place, causing them stress and loss of earnings.

"The selling also puts us at risk... like being arrested by the city council officers for not putting our market goods in the right place" – girls, 15-18, Kroo Bay

Children also reported the physical risk they take working, especially the boys doing manual labour such as stone mining, metal scavenging, construction or working at night. They reported feeling body pain, doing dangerous work and being very tired from their labour: "This work is not a child-friendly" - boys, aged 15-18, Mabella.

Others were concerned about being at risk of theft, falling ill or making mistakes, which would result in a loss of income. For example, a boy from Kroo Bay who worked as a tailor said that he would have to pay for any mistakes he made when sewing.

Work vs. school

Children also voiced concerns about things that they were missing as a consequence of working. Many said that they were not able to take as much time spending time with friends and family, which made them feel lonely and sad. Others were worried about missing out on learning, as they were too tired to study when they returned from work:

"I can't study at night because of working all day. I can't see my friends and family as much as I would like." "It stops me going to school because of the money"— boys, 15-18, Mabella

"I cannot spend time with my friends because I am always out selling. I do not have time to see my boyfriend because I am always working" – girls, 15-18, Kroo Bay



Figure 4: Girls said that they wanted to return to school but would keep selling in the markets after school

Most children said that they planned to return to school when the schools reopened, with many saying that they would continue working around their school hours.

"Selling will not stop us from returning to school... Learning is better than silver or gold" – girls, 15-18, Susan's Bay

About a quarter of children were not sure that they would return to school. Some said that their families could not afford for them to return to school, as they relied on their income and could not cover the cost of school as well:

"I cannot return to school until I earn enough money to pay for me to go to school, so I will keep working" – girl, 10-14, Mabella

Other children – mainly older ones - said that they have become accustomed to working and would prefer to continue working rather than go back to school. Although it was found also in rural areas that older children were not sure about returning to school because they felt too old, children in the urban context described having more opportunities to work:

"I am now earning money and that might tempt me not to go to school any longer" - boys, aged 15-18, Mabella

"I would rather stay selling than going to school" – girl, 10-14, Kroo Bay

Not all children were keen to continue working though: *"I hope the work will not continue even though I have got used to earning money" – boys, aged 15-18, Mabella*

Discussion

The findings of this research show that the children living in urban areas have been greatly affected by the Ebola crisis. The data confirms that child labour has increased in urban areas, with children stating that more of them and their peers have had to work to contribute to the household income. This includes young children who had not worked prior to the Ebola crisis.

The children informants spoke broadly about how they themselves, their peers, and their families have been affected by the financial challenges that the Ebola crisis has brought to their families. The state-imposed travel and trade restrictions and national inflation have caused economic hardship for a number of families, causing increased unemployment and making it difficult for families to cover their basic needs. In the urban context, families are more reliant on informal employment and petty trading, which have been greatly disrupted by the Ebola crisis as reported in various reports. With schools being closed, children have either been encouraged to work or sought it themselves to support their families and their own needs.

There is also a stark difference between how boys and girls approach work. Girls typically sold items in the market with the support and encouragement of their

families, and the money they earned they would give to their parents to cover their basic needs. Boys however seemed more independent, seeking manual or skilled labour work, and using the money they earned to cover their own needs so as to be independent from their families.

In the urban context there are more diverse working opportunities and jobs, meaning that children may find working opportunities outside of the family network which could put them at more risk. There are specific risks that the children face as a consequence of their work. Whilst girls have relative protection through working with family, this is assuming that the family members have their best interest at heart. Many described concerns about being scolded or beaten for not selling enough, which may push them into engaging in transactional sex in order to offload their unsold stock. This echoes the situation of having to “find money” described in the SCI report on mobile phone use amongst teenage girls (Lai, 2014). This put girls at risk of further sexual exploitation – as customers know that this is an easy way to coerce a girl to have sex with them – as well as teenage pregnancy. The informants also described the rates of girls working as sex workers has also increased, concerns that have long been suspected by the international community. Girls also described the risk of sexual violence and abuse from having to work in densely populated areas that they are unfamiliar with.

For boys the risks are more of physical harm they face from taking on dangerous manual labour, such as stone mining, construction and so on. Since boys typically sought work outside the family in other places around the city, they are further exposed to exploitation. Also since boys typically kept their earnings they were at risk of financial exploitation, being extorted by others for their earnings, as well as engaging themselves in risky behaviours, such as gang activity and transactional sex with girls.

Whilst many children said that working would not prevent them from returning to school, this will only be clear in school attendance rates. Whilst the Sierra Leone government has officially waived school fees for the next two years, other school costs such as books, uniforms and other supplies might be out of reach for many families. With continuing financial hardship in families, it is likely that families will not be able to afford to send their children to school and may also have become reliant on the income that their children contribute to the household. There is also the issue that children orphaned by Ebola may not have anyone to pay for their school fees and are also at greater risk of exploitation.

The Findings from the Children’s Ebola Recovery Assessment highlighted that issues of abuse and child labour were of greater concern and priority among children in urban areas (whilst the concerns among children in rural areas were more around food security and education), which are explored in this research study. However many of the other issues that the children described in the discussion groups were also founded across the country in the CERA: concerns over the closure of schools, loss of family members and loved ones, the cessation of social gatherings and celebrations, fear of sick people and distrust within the communities. At first glance

it would be hard to differentiate whether these issues are specific to the urban context. However a number of known factors drawn from literature on the urban context can give suggestion as to how these issues might well be augmented in an urban context: the lack of basic services would put limited resources under increased pressure; the high population density and close living quarters fuelling community tensions, especially in periods of quarantine; given the dense population concentration, the fluidity of movement within a city, exposing children to unknown risks that they may not face or which may be lower in a rural setting; the relatively new community structures due to rapid urbanisation also lacking the social protection that one finds in more sustained rural communities. Furthermore for the families who maintain links with the provincial communities, the travel restrictions might add further strain to a family reliant on their provincial home for emotional or financial support. Without a comparative urban-rural study it is difficult to conclude how these issues vary between the given contexts.

To better understand these issues, further research would be required. Of particular interest would be to explore the nature of social mobility in urban areas, as well as migration and mobility between urban and rural areas, and the impact that has on children.

That said, the findings of this research has helped us better understand how children in the slum areas of Freetown have experienced the Ebola crisis, how their lives have changed and the new challenges they have faced. Many have been encouraged or forced into labour that puts them at risk. The Ebola crisis has disrupted many of the support and development functions that they would normally have, from the closure of schools to the disharmony reported in the household and diminished community relations. Children reported an air of depression over the city, exacerbated by the dense population concentration.

Recommendations

These findings can help guide the programme strategy to better meet the needs of the children in the urban slum areas of Freetown. Here are some programme recommendations:

- **School dropouts:** With schools having now reopened, it is imperative that efforts are made to understand why some children are not returning to school and develop programmes and advocacy messaging to encourage the return of children to pursue their education, through advocating to parents, caregivers and children themselves. The issues affecting school dropouts vary case-by-case, but generally the base issue is money – either the lack of money to pay for schooling, or the loss of income if a child attends school instead of working. The government and aid community will likely need to collaborate on overcoming financial barriers that are preventing children from attending schools. Whilst the government is offering scholarships to children orphaned by Ebola, it is unclear what support will be available for the other children

whose families can no longer afford for them to attend school for other financial reasons.

- **Child labour:** many children reported risks and dangers related to their work. Given the informal nature of this work, it will be difficult to advocate for safer working conditions for the children. Engagement with community leaders and parents can work to raise awareness on these risks to children and to encourage families and communities to proactively look out for and address these risks. The immediate elimination of children's involvement in these different forms of labour is not likely, but parents, communities and even businesses can work to place restrictions on children's involvement in such activities or the hours and conditions of work. Communities could be encouraged to pass by-laws against this form of child labour and communities can work with local markets to see if there are individuals or structures that can look out for the children, such as adult women, through women's business groups and other such initiatives.
- **Child abuse and beating:** This type of behaviour is endemic to Sierra Leone, and as found in the research, has been going on long before the Ebola epidemic. Community leaders can be sensitised and trained to engage with parents on the risks placed on their children when there is high pressure to sell goods – particularly at a time of financial difficulties - and the potential consequences that can result from this. Potentially other types of livelihood interventions with families could help to address this. Furthermore sensitisation with men and enforcement of the law on issues of child abuse and beatings where applicable and appropriate.
- **Transactional sex and sexual exploitation:** Sensitisation among boys and girls, men and women, parents and caregivers around the issues of transactional and exploitative sex would be important. It would also be valuable to improve sexual health and family planning services and access to contraception for at-risk girls. Furthermore life skills training for both adolescent girls and boys would help open and progress the discussion on these sensitive issues.
- **Market monitoring:** When Sierra Leone finally gets to zero, it would be important to monitor the markets to track their recovery as this will likely influence issues around child labour and protection issues. Reviving local markets and supporting families in regaining their livelihood opportunities would be important for developing strategies that protect children against risks of child labour.

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